Too United States District Court. FILED

From: Kerwin D. Doss

NOV 1 9 2007 000

07CV6538 JUDGE NORGLE MAGISTRATE JUDGE BROWN /9 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

I whom this may concern,

I rectings, I'm writing to inform you, that I am currently

in the custor of the Will County Abult Detention facility.

Also that I've read and am train to comply with your

require instructions for filing a Prose CVI Rights

Complainto

That I now advise you that I am wordle to send the required copies of my complaint for each deterdant.

Only because I'm being denied these copies by the shaft of the Well county that intention facility on whom is also a foresaid defending in the complaint in I'm tope copies for a

About I've addressed the some with the design me copies of my less more services confinint because their defendants, so their excuse is that I'm subject a had at this time without the full fires to pay for these copies a Safor them to dam me will be an act of violation my

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Illinois and U.S. Constitutional Ryhtes To Equal Protection,
Due process and access to the courts a That The exhausted
- All my renedies at this level integeres to this issue
Esternore I've attacked with this letter and my civil Rights complain
- documentum to support my allegations of these defendants fuller
acts of conspiracy and unlawful miscanduct against are a
That I am now requestion that this Honorable District court
- allow me to proceed to file my Prose complaint with the court.
Also if this court can help grovice the needed copies of my
complaint for the foresaid detendants in my petition a or it you
- can the an order newson the will county tent to entron that it
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That I have enclose with this letter or officinal
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Files to me of these copies tobe Returnes Stamped
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By & Kerwin D. Das 2
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95.5. Chicago St.
Joliet II 60432
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$\overline{\mathbf{CCC}}$ WILL COUNTY ADULT DETENTION FACILITY INMATE REQUESTS FORM FOR THE CENTER FOR CORRECTIONAL CONCERNS

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WILL COUNTY ADULT DETENTION FACILITY

INMATE REQUESTS FORM FOR THE CENTER FOR CORRECTIONAL CONCERNS

NAME: LOSS Kerwin CIMIS: 02. 3/25 DATE: 10-7-07 POD: CELL: 1
Last Name, First Name, Middle Initial
*********INSTRUCTIONS********
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(1) <u>CLEARLY</u> PRINT ALL INFORMATION, DO NOT SEND COPIES. (2) FILL OUT ONLY ONE (1) FORM PER REQUEST.
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(4) ALLOW 48 HOURS FOR A RESPONSE BEFORE REPEATING THE SAME REQUEST.
(5) PLACE BOTH THE WHITE COPY AND YELLOW COPY IN THE BOX ON THE OFFICER'S DESK.
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IF REQUESTING A BOND REDUCTION HOW MUCH CAN YOU POST?
() CONTACT PUBLIC DEFENDER INVESTIGATOR NAME:
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POLICE AGENCY: INVESTIGATOR'S NAME
() INFORMATION / ADDRESS OF OTHER ILLINOIS COUNTIES. COUNTY?
() REQUEST FOR LIBRARY SERVICES: (CHECK BOOK CARTS FIRST!)
TITLE:
REQUEST FOR BIBLE TUDY COURSE
() REQUEST FOR BIBLE STUDY COURSE
() REQUEST FOR ADDRESS BOOK/CALENDAR
() REQUEST FOR SUBSTANCE ABUSE EDUCATION CLASS
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Case 1:07-cv-06538 Dockment Apult Detention Facility age 5 of 6 _CIMIS:06.3135 DATE:10-1/ 07 POD: ____ CELL:_ ***INSTRUCTIONS*** (1) PRINT ALL INFORMATION (2) PROVIDE AS MUCH INFORMATION AS POSSIBLE, FILL OUT THE NARRATIVE SECTION (3) CHECK THE () ITEM YOU ARE REQUESTING FOR INFORMATION (4) FILL OUT ONLY ONE (1) REQUEST PER FORM (5) SUBMIT THE WHITE AND YELLOW COPY OF THE REQUEST FORM, KEEP THE PINK COPY () CLASSIFICATION SECTION () REQUEST FOR TENDER STATUS () REQUEST FOR RECLASSIFICATION () REOUEST TO SEE CLASSIFICATION OFFICER () PROBLEMS WITH OTHER INMATES () APPEAL OF DISCIPLINARY BOARD HEARING () ADMINISTRATIVE SECTION () REQUEST FOR INFORMATION () COURT DATE () WRITS () HOLDS () MAIL () TRUST ACCOUNT () VISITING LIST CHANGE () REQUEST SPECIAL VISIT () LAUNDRY () PROPERTY) FOOD SERVICE SECTION () COMMISSARY SECTION () COMPLAINT ABOUT TREATMENT / GRIEVANCES () APPEAL OF GRIEVANCE () REQUEST TO GO TO LAW LIBRARY OTHER AREA BELOW NARRATIVE FOR ABOVE REQUEST - USE SPACE BELOW AND ATTACH PAPER IF NECESSARY: CIMIS NUMBER ***STAFF RESPONSE*** IF C. C. C. DENIES YOUR REQUEST. YOU WILL HAVE TO OBTRIN YOUR COPIES FROM A FRIEND OR FAMILY MEMBER WE DO NOT OFFER THIS TYPE OF LEGAL SERVICE FOR PROJE POD OFFICER/ STAFF SIGNATURE; DATE: / SERGEANT/ AREA SUPERVISOR SIGNATURE: DATE: LIEUTENANT/ WATCH COMMANDER SIGNATURE: DATE: WARDEN/ DEPUTY CHIEF SIGNATURE:

WHITE—SEND TO CLASSIFICATION YELLOW—RETURN TO INMATE PINK—INMATE RETAINS AFTER FILLING OUT REV 7/00

REVIEWED BY POD OFFICE POD OFFICER'S SIGNATURE: CENTER FOR CORRECTIONAL S STAFF SIGNATURE:

DATE: DATE:

WHITE COPY: SEND TO CLASSIFICATION

YELLOW COPY: RETURN TO INMATE

REV 5/06 /